2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000002742

1. Entity Name

YOUTH CHALLENGE INTERNATIONAL CORPORATION



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

4626 NE 49TH BLVD. WILDWOOD, FL 34785 Mailing Address

4626 NE 49TH BLVD. WILDWOOD, FL 34785



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3165221

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, MARVIN 4626 NE 49TH BLVD. WILDWOOD, FL 34785

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

BRONX, NY 10468

changed, or on an attachment with an address, with all other like empowered.

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U00000701693 Trust Fund Contribution. Due by May 1, 2007 Added to Fees 04/20/07-90066-006 70.00 10. OFFICERS AND DIRECTORS TITLE PDC NAME GONZALEZ, RAUL STREET ADDRESS YCI - PO BOX 320676 CITY-ST-ZIP HARTFORD, CT 061320676 TITLE NAME CHASSIE, DUANE DR STREET ADDRESS CR 181 4738 NE 49TH BLVD., BOX 880 CITY-SI-ZIP WILDWOOD, FL 34785 TITLE NAME CAVANAUGH, MARVIN DR STREET ADDRESS CR 181 4738 NE 49TH BLVD., BOX 880 DO NOT WRITE CITY-ST-ZIP WILDWOOD, FL 34785 IN THIS SPACE TITLE D NAME LARSON, RICHARD STREET ADDRESS 17 BALD MOUNTAIN RD. CITY-ST-ZIP SOMERS, CT TITLE REV BAILEY, RON STREET ADDRESS 2315-23 GRAND CONCOURSE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: 2 SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date